Montgomery County Long Term Disability Plan (LTD2)

Electronic Direct Deposit Authorization Form – Benefit Payments

I hereby make the following requests and authorizations relating to my benefit payments from the Montgomery County Long Term Disability Plan: (1) I request and authorize you to initiate credit entries to my Account indicated below; (2) I request and authorize you to initiate debit entries and adjustments for any credit entries made in error to the Account; and (3) I request and authorize the Financial Institution named below to credit and/or debit any such entries to the Account.

1.	Participant Name				
			(Full Nan	ne)	
2.	Social Security Number				
3. Participant Home Address					
	(City, State and Zip Code)				
4.	Daytime Phone Number				
5.	Financial Institution's Na	ame			
6.	Account Type	Checking	Saving	Other_	
7.	Basic Information	_			
		(Bank Rou	ting Number)		(Account Number)
	Please attach a VOIDED CHECK (For checking account only). This check <u>must</u> be imprinted with the name and address. We cannot accept starter checks, deposit slips or computer generated Direct Deposit Authorization forms from your bank. <u>If the type of bank account elected is other than checking, or if you only have starter checks, then you must include a letter from the bank, or a bank statement, signed by a bank official that includes your name, address, bank account number and routing number.</u>				
accomy my enti	count. I authorize Montgomery benefit and any reimbursement	y County Governm nts automatically i ount, I understand	nent (MCG) and the ba into my savings or che that MCG has the aut	ank indicated abovecking account each	estricted and authorized signor on the ve to deposit the assigned amount of ch month. If money to which I am not bank to return those funds. I have
Par	rticipant Signature:				Date:

PLEASE RETURN THE COMPLETED FORM, ALONG WITH A COPY OF A VOIDED CHECK OR OTHER DOCUMENTATION AS DESCRIBED ABOVE, TO:

Montgomery County Employee Retirement Plans 101 Monroe Street, 15th floor Rockville, MD 20850 Phone: (240) 777-8230 Fax: (301) 279-1424

Please keep a copy of this form for your records